

SHP-18E 01/06

C. WORK HISTORY - Beginning with your present or most recent job, list all employment for the past 10 years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		

2. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		

3. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		

4. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		

F. EDUCATIONAL HISTORY							
1. HIGH SCHOOL(S) ATTENDED		CITY AND STATE		DATES ATTENDED		GRADUATE	
				FROM	TO	YES	NO
2. COLLEGE(S) OR UNIVERSITY(IES) ATTENDED				CITY AND STATE		DATES ATTENDED	
						FROM	TO
DEGREE RECEIVED				DATE OF DEGREE			
COLLEGE(S) OR UNIVERSITY(IES) ATTENDED				CITY AND STATE		DATES ATTENDED	
						FROM	TO
DEGREE RECEIVED				DATE OF DEGREE			
3. TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTENDED				CITY AND STATE		DATES ATTENDED	
						FROM	TO
DEGREE RECEIVED				DATE OF DEGREE			
TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTENDED				CITY AND STATE		DATES ATTENDED	
						FROM	TO
DEGREE RECEIVED				DATE OF DEGREE			
G. SPECIAL QUALIFICATIONS AND SKILLS							
1. POST CERTIFICATION (Include the license class, certifying agency, agency you worked for including city and state, and dates of employment.)							
NOTE: This can be more than one.							
2. LIST ANY SPECIAL LICENSES YOU HOLD (Such as pilot, radio operator, scuba, etc.) SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION.							
3. LIST ANY SPECIAL SKILLS YOU MAY POSSESS (foreign language proficiencies, computer programming/skills, etc.)							

H. CRIMINAL HISTORY

1. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO A FELONY? ☐ YES IF YES, COMPLETE
(Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation) ☐ NO THE FOLLOWING.

DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

2. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO A MISDEMEANOR? ☐ YES IF YES, COMPLETE
(Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation) ☐ NO THE FOLLOWING.

DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

3. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO DOMESTIC VIOLENCE? ☐ YES ☐ NO

DATE	COUNTY	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

4. ARE YOU PRESENTLY ON PROBATION FOR ANY CRIMINAL OFFENSE? ☐ YES ☐ NO IF YES, EXPLAIN.

5. HAVE YOU EVER ILLEGALLY USED, SOLD, OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? ☐ YES ☐ NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES.

I. TRAFFIC RECORD

1. DO YOU POSSESS A VALID DRIVER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER LICENSE NUMBER	STATE OF ISSUE
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2. LIST ALL STATES WHERE YOU WERE ISSUED A DRIVER LICENSE (Include driver license number)

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3. HAS YOUR DRIVER LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO IF YES, GIVE DATE, STATE, & REASON.

4. LIST MOTOR VEHICLE(S), CRAFTS, TRAILERS, ETC. CURRENTLY REGISTERED OR TITLED IN YOUR NAME (Your name listed on the title / lien)

MAKE	MODEL	YEAR	LICENSE/TITLE NUMBER	STATE	YEAR LICENSE EXPIRES

5. LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

DATE	CHARGES	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

6. ARE YOU PRESENTLY ON PROBATION FOR ANY TRAFFIC OFFENSE? ☐ YES ☐ NO IF YES, EXPLAIN.

☐ YES ☐ NO IF YES, EXPLAIN.

J. FINANCIAL - Attach additional pages if necessary

[illegible][illegible][illegible]

1. HAVE YOU EVER KNOWINGLY WRITTEN A "NO ACCOUNT" CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER WRITTEN _____ EXPLAIN:				
2. HAVE YOU EVER KNOWINGLY WRITTEN AN "INSUFFICIENT FUNDS CHECK"? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER WRITTEN _____ EXPLAIN:				
3. HAVE YOU EVER PETITIONED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN AND WHERE?				
K. REFERENCES - List five persons whom you know well enough to provide current information about you. Do not list relatives or former employers.				
NAME 1.		STREET ADDRESS, CITY, STATE, ZIP CODE		
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN
NAME 2.		STREET ADDRESS, CITY, STATE, ZIP CODE		
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN
NAME 3.		STREET ADDRESS, CITY, STATE, ZIP CODE		
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN
NAME 4.		STREET ADDRESS, CITY, STATE, ZIP CODE		
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN
NAME 5.		STREET ADDRESS, CITY, STATE, ZIP CODE		
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN
L. LIST NAMES OF RELATIVES WORKING FOR THE MISSOURI STATE HIGHWAY PATROL. (Whether by blood or marriage)				
NAME		RELATIONSHIP	NAME	RELATIONSHIP
M. PERSONAL DECLARATIONS				
1. HAVE YOU MADE APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT OR RELATED AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF DEPARTMENT / AGENCY	DATE APPLIED	ACCEPTED	GIVE REASON FOR REJECTION OR DECLINING THE APPOINTMENT	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
2. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS (POSITIVE OR NEGATIVE) NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS PATROL'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, EXPLAIN				
3. ARE YOU NOW OR HAVE EVER BEEN ASSOCIATED WITH AN ORGANIZATION, MOVEMENT GROUP, OR COMBINATION OF PERSONS WHICH ARE SUBVERSIVE OR HAVE SHOWN POLICY ADVOCATING FORCE OR VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN				

N. PERSONAL BIOGRAPHY - Include information from birth to present. (Use only the space provided. Do not attach additional sheet(s) for this section.)	
<div></div>	
O. APPLICANT CERTIFICATION	
IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, COULD YOU DO SO? <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> IF NO, EXPLAIN	
ARE YOU WILLING TO RELOCATE ANYWHERE IN THE STATE OF MISSOURI? <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div>	DO YOU HAVE A TROOP PREFERENCE? <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> IF YES, LIST TROOP(S)
The Missouri State Highway Patrol reserves the right to assign members to any location within the State of Missouri.	
I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.	
I fully realize that willfully withholding information or making false or incomplete statements during the pre-employment testing will be a basis for dismissal and permanent disqualification from the Missouri State Highway Patrol and that all information may be verified by a polygraph examination.	
SIGNATURE OF APPLICANT	DATE



Core Values

We believe public trust and respect must be earned and are essential to attain our vision and accomplish our mission. To maintain public trust and respect we embrace the following values:

Integrity – Uncompromising in principle; honest; steadfastly adhering to a strict ethical code.

Responsibility – Accountability; trustworthiness; use of good judgment.

Respect – Fairness; without prejudice; appreciation for diversity.

Professionalism – High standards; dedicated to our mission; unified in purpose.

Compassion – Concern with human welfare; ability to appreciate feelings or emotions of others.

Resourcefulness – Creativity; the ability to be effective in difficult situations.

Character – We are committed to respecting individual dignity in all people and to providing services in a fair, consistent, and impartial manner to the best of our ability. As caring and innovative professionals, the men and women of the Missouri State Highway Patrol will strive to maintain a safe environment through a service orientated organization capable of addressing the most complex challenges that confront us.

Commitment – We are committed to providing services from knowledgeable, capable, and willing employees. We are committed to respecting each employee as an individual and for his or her role in the department. We are committed to maintaining the sense of pride and camaraderie within our department and to having a work place where employees are supportive of each other and loyal to the values and commitments of the department.

The Missouri State Highway Patrol is an Equal Opportunity Employer